

# **TELEPHONE ASSISTANCE PROGRAM**

## **CLIENT INSTRUCTION SHEET**

- **THIS FORM IS NOT AN APPLICATION**
- Have your doctor complete the “Doctor’s Office Only”, “Confirmation of Medical Need” section.
- Call your local Family Service Center or Community Action Program (CAP) to have an application completed for Telephone Assistance Program and get a list of items that you need to bring with you to the appointment.
- At the time of your appointment have the following items ready:
  - a. Driver’s License or State Id
  - b. Social Security numbers for all persons in household
  - c. Income verification for the last 30 days for all persons 18 years and older. Examples: Paystubs, Social Security Award Notices, Pension Notices.
  - d. Confirmation of Medical Need completed and signed by your doctor.
- Your caseworker will complete the “Family Service Center or CAP Use Only” section of the Telephone Assistant Program (TAP) Checksheet.
- After you have completed the above instructions, your application will be sent to the Department of Economic Security, Division of Aging and Adult Services (DES-DAAS) for processing. You will be notified of your eligibility by mail.
- Processing takes 30 to 45 days from the application date.

**If you need further assistance or more information, please call  
602-542-4446 or Toll Free 1-800-582-5706**

# CONFIRMATION OF MEDICAL NEED

## ARIZONA DEPARTMENT OF ECONOMIC SECURITY DIVISION OF AGING AND ADULT SERVICES

The Department of Economic Security, Corporation Commission and CenturyLink (Qwest) Communications are jointly administering a telephone assistance program in the state of Arizona. The program provides assistance for low income persons with a medical need. The application process is being conducted jointly by the Department of Economic Security and local volunteer agencies. The program provides for the monthly basic rate, and assistance with installation costs if needed. We are asking for your assistance in the determination of medical need in order for the household to qualify for this benefit.

DOCTOR'S OFFICE USE ONLY CONFIRMATION OF MEDICAL NEED	
Patient's name	Phone no.
Patient's address (No. Street apt#)	
(City)	(State, ZIP)
Patient's Signature	Date:
The patient has a medical condition that would require a telephone in the household. The medical condition will require the availability of a telephone for approximately:  <input type="checkbox"/> Up to one year <input type="checkbox"/> Two years or less <input type="checkbox"/> Three years	
Doctor's Name	Phone no.
Doctor's Address (No., Street)	
(City)	(State, ZIP)
Doctor's Signature	Date:
FAMILY SERVICE CENTER OR COMMUNITY ACTION PROGRAM (CAP) AGENCY USE ONLY	
YES    NO	
<input type="checkbox"/> <input type="checkbox"/>	The home is wired for telephone service.
<input type="checkbox"/> <input type="checkbox"/>	The doctor's signed statement indicates applicant's medical need.
<input type="checkbox"/> <input type="checkbox"/>	The doctor's signed statement indicates applicant's medical crisis.
The medical need will last ( <i>Check appropriate box</i> ) <input type="checkbox"/> Up to one year <input type="checkbox"/> Two years or less <input type="checkbox"/> Three years	
YES    NO	Is the caseworker providing certification for TAP? ( <b>Worker Certification is only valid for 1 year</b> )
<input type="checkbox"/> <input type="checkbox"/>	
Worker's Signature	Date:
<b>If you have any questions regarding this form, please call the TAP office at 542-4446 or 1-800-582-5706. THIS FORM IS ONLY VALID FOR 60 DAYS AFTER THE DOCTOR'S SIGNATURE DATE. PLEASE, DO NOT MAIL THIS FORM. SEE INSTRUCTIONS ON REVERSE SIDE.</b>	